



**DEPARTMENT OF INSURANCE  
STATE OF ARIZONA**

*Financial Affairs Division - Compliance Section*  
2910 North 44<sup>th</sup> Street, Suite 210  
Phoenix, Arizona 85018-7269  
Phone: (602) 364-3998  
Fax: (602) 364-3989

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**CERTIFICATE OF DISCLOSURE – A.R.S. § 20-233**

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**ENTER CALENDAR YEAR OF ANNUAL STATEMENT FOR WHICH THIS CERTIFICATE IS FILED:\_\_\_\_\_**

\_\_\_\_\_  
COMPLETE COMPANY NAME

\_\_\_\_\_  
NAIC NUMBER

\_\_\_\_\_  
HOME OFFICE ADDRESS (STREET)

\_\_\_\_\_  
DOMICILIARY STATE

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

**PART A:** Have any persons serving either by election or appointment as officers, directors, incorporators and persons controlling or holding more than ten percent (10%) of the issued and outstanding common shares or ten percent (10%) of any other propriety, beneficial or membership in the corporation:

1. Been convicted of a felony involving a transaction in securities, insurance consumer fraud or antitrust in any state of federal jurisdiction within the seven-year period immediately preceding the execution of this certificate?
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the execution of this certificate?
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the execution of this certificate where such injunction, judgement, decree or permanent order involved the violation of:
  - a. Fraud or registration provisions of the securities laws of that jurisdiction; or
  - b. The consumer fraud laws of that jurisdiction; or
  - c. The antitrust or restraint of trade laws of that jurisdiction; or
  - d. The insurance laws of that jurisdiction?

**ANSWER**                      YES\_\_\_\_ NO\_\_\_\_ **(MUST BE ANSWERED)**

If your answer to any of the Items A1 through A3 is "YES," the following information for each person **must** be attached:

- |   |  |
|---|--|
| 1. Current full name and all prior names or aliases used.         | 5. Date and location of birth.   |
| 2. Full birth name.   | 6. Social Security number.   |
| 3. Present home address.  | 7. The nature and description of each conviction or  |
| 4. Prior addresses (for immediately preceding seven-year period). | judicial action, the date and location, the court and public agency involved and the file or cause number of the case. |

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**CERTIFICATE OF DISCLOSURE – CALENDAR YEAR \_\_\_\_\_**

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**PART B:** Has any officer, director, trustee, incorporator of the corporation or shareholder possessing or controlling ten percent (10%) or more of any propriety, beneficial or membership interest in the corporation served in any such capacity or held such interest in any corporation which has been placed in bankruptcy or receivership or had its charter revoked or Certificate of Authority suspended, refused renewal or revoked?

**ANSWER**                      YES\_\_\_\_\_ NO\_\_\_\_\_ **(MUST BE ANSWERED)**

If your answer to question B is "YES," the following information for each corporation **must** be attached:

1. Current and former names and addresses of the corporation.
2. Full name, all prior names or alias used, and address of each person involved.
3. State(s) in which the corporation:
  - a. was incorporated.
  - b. has transacted business.
4. Dates of corporate operation.
5. A description of the bankruptcy, receivership, charter revocation, Certificate of Authority suspension, renewal refusal or revocation, including the date, the court or agency involved and the file or cause number of the case.

**PART C:** List below (or on an attachment) the names of shareholders of record of the corporation holding more than ten percent (10%) of any class or shares issued by the corporation, including persons beneficially holding such shares through nominees.

**Part D: Title Insurers Only:**

Have all corporate income tax returns required by Title 43, Arizona Revised Statutes, been filed with the Arizona Department of Revenue?

**ANSWER**                      YES\_\_\_\_\_ NO\_\_\_\_\_ **(MUST BE ANSWERED BY TITLE INSURERS)**

*If answer is "NO," list date corporate Income Tax Return(s) will be filed.*\_\_\_\_\_

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**CERTIFICATE OF DISCLOSURE – CALENDAR YEAR \_\_\_\_\_**

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**AFFIDAVIT OF VERIFICATION**

**MUST BE EXECUTED BY THE PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER AND/OR DIRECTOR(S) OF THE COMPANY WHO ARE LISTED ON THE JURAT PAGE OF THE ANNUAL STATEMENT OF THE CALENDAR YEAR FOR WHICH THIS CERTIFICATE IS FILED.**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss

_____ Type or Print Name	_____ Title – Must be Executive Officer or Director
_____ Type or Print Name	_____ Title – Must be Executive Officer or Director

of the \_\_\_\_\_ being duly  
Company

sworn each for him/herself deposes and says that they are the above described officers and/or directors of said corporation, and that under penalties of law declare that they have examined this Certificate, including any attachments, and to the best of their knowledge and belief, it is true, correct and complete.

_____ Signature of Affiant – Title	_____ Signature of Affiant – Title
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Subscribed, sworn to and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Stamp or seal \_\_\_\_\_  
Notary Public My Commission Expires

**EXECUTION OF THIS CERTIFICATE**

Arizona law requires this certificate to be executed by **two authorized executive officers or directors** of the Company, therefore the Department will only accept signatures of such officers who are identified on the Jurat Page of the Annual Statement for the filing year. Filings received with unacceptable signature(s) will be returned as “incomplete” and will be subject to statutory late filing fees where applicable.

***DUE DATES:***

Foreign and Alien Companies – On or before March 1 of each year.  
Arizona Domestic Companies – On or before March 31 of each year.

**An incomplete or late filing of the Certificate of Disclosure shall subject an insurer to payment of late fees not to exceed twenty-five dollars (\$25.00) for each day of delinquency. The late fees are in addition to any other applicable penalty fee or civil penalty.**